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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None, Kn*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None, Kn*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/07/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance <i>K. Nguyen</i> Examiner's Signature <i>Kn</i> Initials	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
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ADDRESS  
 22851  
 DELPHI TECHNOLOGIES, INC.  
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TITLE  
 Serviceable auxiliary mount

FILING FEE  RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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